ALLA															tion for National Electronic Fund Transfer / me Gross Settlement Systems (NEFT/RTGS)													
																						Date	e					
To, The Branch Manager * To be pro														AN [ ed by	Allal	nabad	l Banl	cust	omer									
Dear Sir,					_ Bra	anch	ı																					
Please remit through NEFT/RTGS a sum of ` (Rupees in words)																				on	ılv							
as per details given b	oelow	<i>r</i> :																									0.	,
*in case of cash, p							_	hequ	е					D	ebit n	ny/ou	ır acc	count										
*10 be filled by t	ше Ај	ppnc	ant n	пСА	FILE	L L			AIL	S O	F AI	PPL	ICA	NT (	REI	MIT	TER	.)										
Account Number																												
Cheque Number															Chec			que Date			D	M	M M Y			YYY		
Remitter's Name																												
Address																												
Mobile/Other Numbe	er																											
			ı	ı					D	ETA	ILS	OF	BEN	NEF	ICIA	RY												
Beneficiary's Name																												
Account Number																												
Reconfirm Account No.																												
Bank Name																												
IFS Code(11-digit)																												
Branch Address																												
Sender to Receiver in	nform	natio	n (if a	any)	:																						_	
This transfer is valid	d for a	o cinc	olo tre	2000	tion					Te	erms	s & (	Con	diti	ons													
The fund transfer w		_				ns ar	ıd Co	nditio	ns gi	ven o	n our	webs	ite w	ww.a	llahat	oadba	nk.in											
<ul> <li>Due care is taken wh</li> <li>Transfer of an amount</li> </ul>		_	-			-																						
Photo ID proof to be	e give	n by 1	non c	custor	ner fo	r cas	h pay	ment	abov	e																		
<ul> <li>Please do not disclos</li> <li>Do not fall prey to fall</li> </ul>	•							_	User 1	ID an	d Pas	sword	ls / A	TM	debit (	Card/	Credi	it Car	d/ M	obile	Bank	ing/P	erson	al Int	forma	tion t	o any	person.
												ecla																
<ul> <li>I/We authorise ALL</li> <li>I/We understand that</li> </ul>																					ited o	nly o	n the	basis	of th	e acc	ount n	umber of
the beneficiary prov	ided v	while	initia	ating	the tr	ansa	ction.	Nam	e wil	l NO	Γ be c	onsid	ered	as a c	criteria	a for	provi	ding	credit			-						
I/We understand that	at this	iacil	1ty 18	avaı	iable	ліу	ıt sele	CT 100	ation						r Elec		run	us Ir	anste	r racı	nty of	nered	by R	.Id.				
						_		,										_	,									
Signature								Signature								Signature												
Name								Į	Name									Name										
*(Primary Applicant)								*(Joint Applicant 1)											*(Joint Applicant 2)									
										Cus	stom	er Ac	kno	wled	gmei	nt												
Date:											Bank Seal																	
We acknowledge		-																										/
Branch :						_ Na	me a	nd Si	gnat	ure o	f Bar	nk Of	ficial									-				k Time		